

Licensee Name: \_\_\_\_\_ Equipment Supplier: \_\_\_\_\_

Installation Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## STORAGE CABINET(S)

- ☐ Bolted Down
- ☐ 5 ft. Clearance

No. of Cabinets: \_\_\_\_\_

Cylinder Size: \_\_\_\_\_ lb.

Capacity each: \_\_\_\_\_ cyl.

## VEHICLE PROTECTION

- ## ❑ Crash Posts

- 6 in. Curb

- ☐ Other: \_\_\_\_\_

## DOORS INTO BUILDING

- One

- ☐ More Than One

Cabinet Distance: \_\_\_\_\_ ft.

## FIRE EXTINGUISHER

Type: \_\_\_\_\_

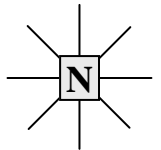
Size: \_\_\_\_\_ lbs.

Cabinet Distance: \_\_\_\_\_ ft.

*Inspectors Approval*

# CLASS 2B

## PLOT PLAN



(Inside this box please detail buildings, cross streets, North orientation, building doors, etc.)